

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Charter
Certificate from
Charleston Shuttle Services LLC

(FORM 1)

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-378 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Charles E. Castles
Address: 3551 Rookwood Pl
Johns Island SC 29455-8184

Telephone: (843) 469-5997
Fax: (843) 557-0799
Other: (843) 469-5998
Email: castlesc@bellsouth.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input checked="" type="checkbox"/> Request Rush |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTER

DATE 9-3, 20 09APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Charleston Shuttle Services LLC

2. (a) Street Address of Applicant 3551 Rookwood Pl.

Johns Island SC 29455-8184

(b) Mailing address, if different from street address

(c) Telephone Number (843) 469-5997 Fed ID # ?

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: Sept. Year: 2009

Assets:	
Cash	1000
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	5000
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	200
Prepays and Other Assets	
Total Assets	6200
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	0

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, Charles E. Castles, President
(Name of Applicant's Representative) (Title)

of Charleston Shuttle Services LLC, the Applicant for the Certificate of Public
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At The UPS Store

This the 3rd day of September 2009

Diana S. Carroll
(Notary Public)

Charles E. Castles
(Signature of Applicant's Representative)

Commission Expires:

MY COMMISSION EXPIRES
FEBRUARY 19, 2012

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

CHARLESTON SHUTTLE SERVICES LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on August 23rd, 2009, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the
State of South Carolina this 24th day of August,
2009

A handwritten signature of Mark Hammond in black ink.

Mark Hammond, Secretary of State

EXHIBIT C**CLASS C CHARTER****PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

Columbia, South Carolina

Applicant Charleston Shuttle Services LLC

For the transportation of passengers as follows:

Area to be served: State wideNumber of passengers: 6Fares : 75 per hr.Date 9-3-09Charles E. Caetles
ByPresident
Title

Rev.10/03

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier.

Charleston Shottle Services LLC
(Applicant)

Date: 9-3-09

Charles E. Castles
(Applicant's Representative)
President
(Title)

INSURANCE QUOTE

The following insurance quote is for:

Charleston Shuttle Services LLC
(Name of Motor Carrier)

3551 Rockwood Pl, Johns Island, SC 29455-8184
(Address of Motor Carrier)

Amount of Premium: \$302 month \$3600 year

Liability Insurance \$1,000,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

Carrier Insurance Service, Inc.
(Insurance Company Name)

35 Jaycocks Allie St, Walterboro, SC 29488
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

8/27/09
Date

Judy Williams
(Authorized Insurance Company Representative)

Rev 5/07

EXHIBIT FWA**Name:** Charleston Shuttle Services LLC**Address:** 3551 Rootwood Pl Johns Island SC 29455**Telephone No.** (843) 469-5997 **Fax No.** (843) 557-0799**U.S.D.O.T. No.** _____ **ICC No.** _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No ✓ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ✓

3. Are there currently any outstanding judgment (s) against Applicant?

Yes _____ No ✓
(If "yes", indicate nature of judgment(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ✓ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ✓ No _____

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Charles E. Carter
(Applicant's Signature)

Sworn to before me

At The UPS Store

This 3rd day of September, 2009

Shane R. Carroll
(Notary Public)

Commission Expires: MY COMMISSION EXPIRES

FEBRUARY 19, 2018